Image# 202212069547176134 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

_										
1.	(a) Name of Candidate (in full)									
	Steel, Michelle, , ,		I. M I-I			0.0	-4-1- FEO I-I	4161 41 N	I	
	(b) Address (number and street) 92A Surfside Avenue #472	☐ Check if address changed				Candidate's FEC Identification Number H0CA48198				
	(c) City, State, and ZIP Code					3. Is This	s Ne	W	14	Amended
	Surfside		CA	9074	3	Staten	ment (N)) OR	×	(A)
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candi	date			
	REPUBLICAN PARTY	House			CA	45				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	и сомм	ITTEE			
7.	I hereby designate the following nar	med political cor	nmittee as m	y Principal (Campaign Comr	nittee for the	year of elect	electi	on(s).	
	NOTE: This designation should be f	filed with the app	oropriate offic	ce listed in the	ne instructions.					
	(a) Name of Committee (in full)	onarocc								
	Michelle Steel for Co	origress								
	(b) Address (number and street) 92A Surfside Avenue, #472									
	(c) City, State, and ZIP Code									
					CA	90743	2			
	Surfside				CA	30740	J			
8.	I hereby authorize the following name candidacy. NOTE: This designation should be f	ned committee,	ncluding Join	t Fundraisin Γ my principa	g Representativ	res)		end funds	on beh	alf of my
		·								
	(a) Name of Committee (in full) Steel Victory Fund									
	(b) Address (number and street) 9070 Irvine Center Drive #150									
	(c) City, State, and ZIP Code									
	Irvine				CA	92618	}			
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	and belief it is	s true, correct a	and compl	ete.	
Si	gnature of Candidate					Date				
Sto	eel, Michelle, , ,			[Elect	ronically Filed]	12/06/20)22			
NC	OTE: Submission of false, erroneous,	, or incomplete i	nformation m	nay subject t	he person signir	ng this State	ment to penalti	ies of 2 U.	S.C. §43	37g.
NC	OTE: Submission of false, erroneous,	, or incomplete i	nformation m	nay subject t	he person signir	ng this Stater	ment to penalti	ies of 2 U.	S.C. §43	37g.
NC	OTE: Submission of false, erroneous,	, or incomplete i	nformation m	nay subject t	he person signir	ng this Stater	ment to penalti	ies of 2 U.	S.C. §43	37g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	AMERICAN DREAM VICTORY FUND								
	(b) Address (number and street) 9070 IRVINE CENTER DRIVE SUITE 150								
	(c) City, State, and ZIP Code IRVINE CA 92618								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								